✓ 4/27/18 OK 4/27/18

PRINTED: 03/28/2018
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0059	A. BUILDING: _____ B. WING _____	03/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELM CREST RETIREMENT COMM	2108 12TH STREET HARLAN, IA 51537

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 26 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 28 TOTAL census of Assisted Living Program: 28 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program.	A 000	POC 3/30/18	
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the Program failed to develop individualized service plans to reflect tenant's identified needs and preferences for assistance. This pertained to 1 out of 1 tenant reviewed with medications crushed (Tenant #1). Findings follow: Observation on 3-5-18 at 4:30 p.m. during the	A 089	See Attached 3/30/2018	

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A 089	Continued From page 1 medication pass revealed Staff A checked the Medication Administration Record (MAR) and put scheduled medications Coumadin 1 milligram (mg), PreserVision Multiple Vitamin 1 tablet, and Rivastigmine Tartrate 3 mg into a container and crushed them. She punched out Potassium 20 milliequivalent (mEq) tablet and put it into a small amount of water and stated it needed to dissolve. Staff A mixed the medications with applesauce and spooned the mixture to Tenant #1. Record Review of Tenant #1's file revealed the following: a. The MAR indicated he/she received Coumadin 1 milligram (mg), PreserVision Multiple Vitamin 1 tablet, and Rivastigmine Tartrate 3 mg, and Potassium 20 milliequivalent (mEq). The MAR did not include orders for medications to be crushed or dissolved in water. b. A Medication Review Report dated 3-2-18 and signed by the physician and the Assisted Living Manager did not include instructions for medications to be crushed or dissolved in water. c. The Service Plan dated 2-12-18 revealed medications should be given as ordered by the physician and did not include instructions for medications to be crushed or dissolved in water. The Service Plan did not indicate Tenant #1 preferred to have his/her medications crushed or dissolved in water. d. The Medical History/Physical/Functional Assessment dated 2-12-18 did not include instructions for medications to be crushed or dissolved in water. e. A Nurse Review dated 2-12-18 did not include	A 089	See Attached.	

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A 089	Continued From page 2 Tenant #1's preference that his/her medications were to be crushed or dissolved in water. During an interview on 3-6-18 at 10:15 a.m. the Assisted Living Manager stated Tenant #1 choked in the past and preferred his/her medications to be crushed. She stated she had not communicated this with Tenant #1's physician and confirmed it was not documented on the Service Plan and/or the 90 day review.	A 089		

OK
4/27/18

Elm Crest Retirement Community

Assisted Living

Recertification Survey March 5 & 6, 2018

Plan of Correction

Submission of the plan of correction shall not be construed as a waiver of this provider's right to contest any and all deficiencies, nor is such submission an admission that the facts are as alleged, or that any regulatory violation occurred.

The following is to be considered our Credible Allegation of Compliance

A 089 Regulatory insufficiency: 481-69.26(4)a Service Plans

481-69.26(231C) Service plans.

69.26(4) the service plan shall be individualized and shall indicate, at a minimum:

a. The tenant's identified needs and preference for assistance.

Correct Deficiency to Individual;

Tenant #1 received the physicians order to have their medications crushed on the same day, 3/5/2018, this was noticed. The Service Plan was updated as well on 3/5/2018 for Tenant #1.

Protect Residents in Similar Situation;

Tenant's Service Plans have been reviewed and no other tenants have any medications needing to be crushed. Staff will inform nurse when they note that a tenant is having difficulty swallowing and or coughing while taking meds.

Measures/System to Prevent Re-occurrence;

Staff meeting was held and all staff were educated on the need to have an order from MD and a service plan update before they can crush meds for any tenant. Nurse will monitor and assess tenant while doing nurse review. Audits will be done Weekly on 15 residents for the first four weeks, then Weekly on 10 residents on the following four weeks and finally Weekly on 5 residents for the last four weeks. Any negative audits will be brought to the Assisted Living Director and Administrator attention and reviewed at the monthly QAPI meeting.

Compliance date: March 30, 2018.

✓ 4/27/18

Timothy J. Lawler
Administrator
4/4/2018